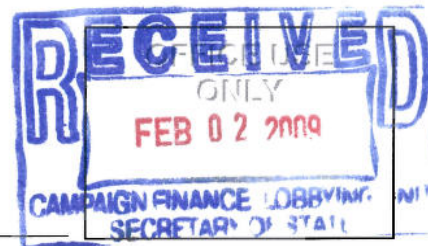


**CANDIDATE REPORT OF 2008
RECEIPTS AND DISBURSEMENTS**



Name of Candidate Elton Gregory "Greg" Snowden
Address 6136 14th Avenue, Meridian, MS 39305 County Lauderdale
Telephone (Work) 601-693-5700 (Home) 601-483-8809 (Fax) 601-693-5040
Contact Name Greg Snowden Email Address greg@gregsnowden.com
Office Sought Miss. House of Representatives, District 83 Political Party Republican

☐ Check here if above is different from previous report

TYPE OF REPORT

• CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING •

☐ **October 28, 2008 Pre-Election Report** (January 1, 2008, through October 25, 2008).....**Mandatory**
☐ **November 18, 2008 Pre-Runoff Report** (October 26, 2008, through November 15, 2008).....**Runoff Candidates**
☒ **January 31, 2009 Annual Report** (January 1, 2008, through December 31, 2008).....**Mandatory**
☐ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) **Required to terminate reporting obligations**

IMPORTANT

- (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.
- (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	(itemized + non-itemized)	Total This Period	Calendar year-to-date
Total amount of contributions	\$ 2,300.00 + \$ 400.00	\$2,700.00	\$2,700.00
Total amount of disbursements	\$2,908.40 + \$2,080.00	\$4,988.40	\$
Total amount of cash on hand \$ 3,054.91			

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.


(Signature of Candidate)

January 30, 2009
(Date)

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO:

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Dental P.A.C</u>		<u>9</u> / <u>23</u> / <u>08</u>	\$ <u>300.00</u>
Mailing Address <u>2630 Ridgewood Road, Suite C</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Mississippi 39216-4920</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A (P.A.C.)</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A (P.A.C.)</u>		Aggregate year-to-date	\$ <u>300.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia-Pacific Corporation</u>		<u>11</u> / <u>26</u> / <u>08</u>	\$ <u>250.00</u>
Mailing Address <u>450 Laurel Street, Suite 1420</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Baton Rouge, Louisiana 70801</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A (corporate)</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A (corporate)</u>		Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Commonwealth Brands, Inc.</u>		<u>11</u> / <u>26</u> / <u>08</u>	\$ <u>1,000.00</u>
Mailing Address <u>900 Church Street</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Bowling Green, Kentucky 42101</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A (corporate)</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A (corporate)</u>		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Association for Home Care</u>		<u>12</u> / <u>11</u> / <u>08</u>	\$ <u>500.00</u>
Mailing Address <u>Post Office Box 24087</u>		___ / ___ / ___	\$
City, State, Zip Code <u>Jackson, Mississippi 39225-4087</u>		___ / ___ / ___	\$
Name of Employer (Required) <u>N/A (corporate)</u>		___ / ___ / ___	\$
Occupation (Required) <u>N/A (corporate)</u>		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2008 through December 31, 2008

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name QC Holdings Companies		<u>12</u> / <u>11</u> / <u>08</u>	\$ 250.00
Mailing Address 9401 Indian Creek Parkway, Suite 1500		___ / ___ / ___	\$
City, State, Zip Code Overland Park, Kansas 66210		___ / ___ / ___	\$
Name of Employer (Required) N/A (corporate)		___ / ___ / ___	\$
Occupation (Required) N/A (corporate)		Aggregate year-to-date	\$ 250.00
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		___ / ___ / ___	\$
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee Elton Gregory "Greg" SnowdenReporting period January 1, 2008 through December 31, 2008

ITEMIZED DISBURSEMENTS

A. Full name Tarver Program Consultants	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 3910 Old U.S. Highways 45 North	<u>1</u> / <u>7</u> / <u>08</u>	\$ 309.23
City, State, Zip Code Meridian, Mississippi 39301	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Campaign internet web site	Aggregate Year-to-date	\$ 309.23
B. Full name American Legislative Exchange Council (ALEC)	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 1101 Vermont Avenue, NW, 11th Floor	<u>1</u> / <u>20</u> / <u>08</u>	\$ 50.00
City, State, Zip Code Washington, DC 20005	<u>5</u> / <u>12</u> / <u>08</u>	\$ 375.00
Purpose of Disbursement (Optional) Attendance 2008 ALEC annual meeting	Aggregate Year-to-date	\$ 425.00
C. Full name National Rifle Association	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 11250 Waples Mill Road	<u>1</u> / <u>20</u> / <u>08</u>	\$ 500.00
City, State, Zip Code Fairfax, Virginia 22030	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Dues (life membership)	Aggregate Year-to-date	\$ 500.00
D. Full name Sam's Club	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 715 Bonita Drive	<u>2</u> / <u>6</u> / <u>08</u>	\$ 155.02
City, State, Zip Code Meridian, Mississippi 39301	<u>5</u> / <u>24</u> / <u>08</u>	\$ 152.67
Purpose of Disbursement (Optional) Campaign materials and web site maintenance	Aggregate Year-to-date	\$ 307.69
E. Full name Gregg Harper For Congress	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>3</u> / <u>21</u> / <u>08</u>	\$ 200.00
City, State, Zip Code Brandon, Mississippi	<u>9</u> / <u>23</u> / <u>08</u>	\$ 100.00
Purpose of Disbursement (Optional) Political contribution	Aggregate Year-to-date	\$ 300.00
F. Full name American Express	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P.O. Box 297812	<u>6</u> / <u>6</u> / <u>08</u>	\$ 1,066.48
City, State, Zip Code Ft. Lauderdale, Florida 33329-7812	<u> </u> / <u> </u> / <u> </u>	\$
Purpose of Disbursement (Optional) Republican National Convention expenses	Aggregate Year-to-date	\$ 1,066.48